Scaling Up a Healthcare Workforce to Deliver Screening, Brief Intervention and Referral to Treatment (SBIRT): A Pilot Project INEBRIA 2019

Presenter:

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Background

- In 2018, over 139 million Americans aged 12 and older reported alcohol use and 31 million reported illicit drug use (SAMHSA, 2019).
- Alcohol and other drug use goes often undetected in ambulatory care settings.
- Alcohol Brief Interventions (ABI) have a significant role in reducing alcohol consumption, particularly nurse-delivered ABIs (Platt et al., 2016).
- ABIs can be delivered in 30 minutes or less (Gonzalez et al., 2019).

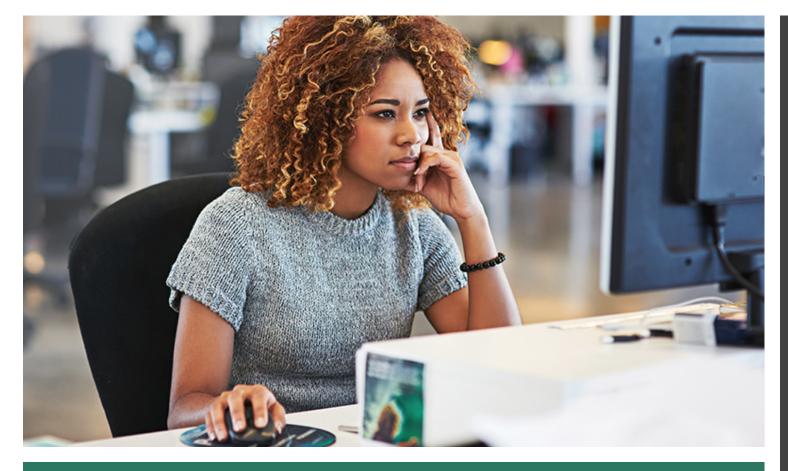
Background

 Nurses have not been educated about how to screen and manage patients with substance use by using evidence-based practices (Savage et al., 2014).

 Healthcare providers lack the knowledge of how to screen for substance use and provide interventions that are based on the identified risk (Finnell & Albright, 2019).

Significance

- Delivery of an online program on screening, brief intervention, and referral to treatment (SBIRT), intended to increase knowledge in clinical strategies for addressing alcohol and other drug use.
- With education that can be feasibly provided to nurses in ambulatory care settings, they will be equipped to move knowledge to action.
- This project primes the organizational system for widescale education and subsequent implementation of SBIRT as standard practice.



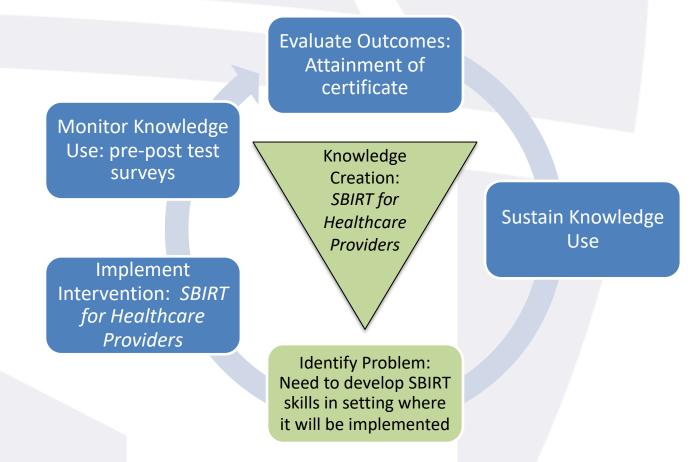
Intervention

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Healthcare Providers.

learn.nursing.jhu.edu/SBIRT

- The intervention was a 7-module self-paced online program on SBIRT (Finnell & Seale, 2017)
 - Introduction
 - Definition of SBIRT
 - Motivational Interviewing
 - Screening
 - Brief Intervention
 - Referral to treatment
 - Observing/evaluating a provider

Knowledge to Action Framework



Knowledge to Action Framework. Adapted from "Some theoretical underpinnings of knowledge translation" by Graham, I. D., Tetroe, J., & KT Theories Research Group, 2007. Academic Emergency Medicine, 14(11), 936-941.

Purpose

The purpose of this project was to evaluate an online educational program on screening, brief intervention and referral to treatment (SBIRT) among ambulatory care nurses

• (1) To increase SBIRT-related knowledge

Aims

• (2) Determine the need for future SBIRT education

• (3) Identify facilitators and barriers to future SBIRT implementation

Methods

• Design:

one-sample pretest/posttest

• Setting:

Five ambulatory care departments at a Federally Qualified Health center

• Sampling:

Convenience sample of ambulatory care nurses

Outcome/Measurements and Analytical Plan by Aims

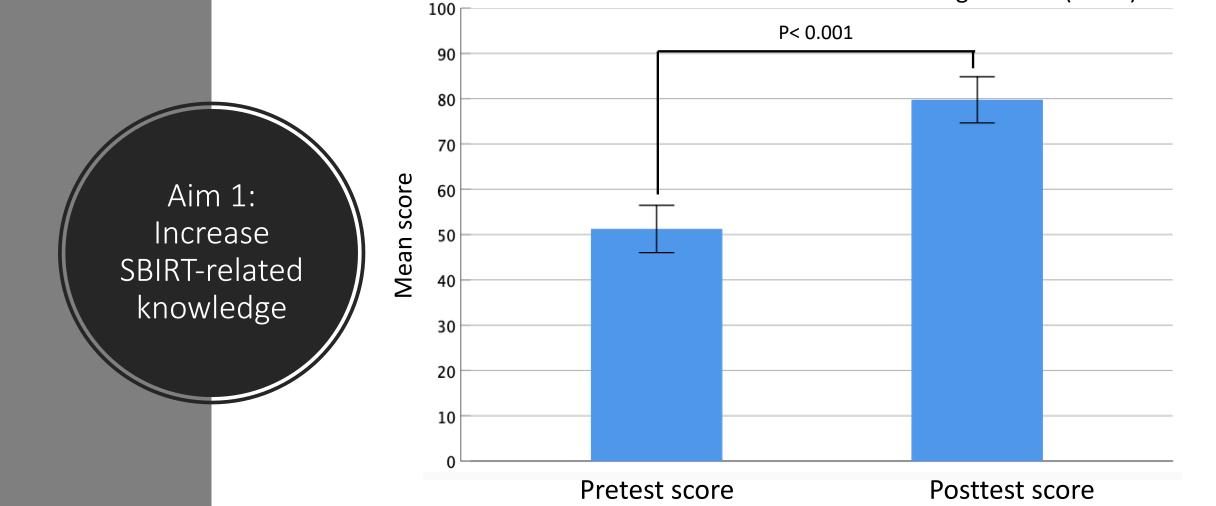
Aims	Outcome/Measurement	Analytical Plan
1. To increase SBIRT- related knowledge	SBIRT-related knowledge / 10- question multiple choice Knowledge test	Wilcoxon Signed Rank Test
2. Determine the need for future SBIRT education	(1) Previous SBIRT education / Multiple choice question(2) Confidence to screen for alcohol and drugs / Likert-style question	Frequency Median
3. Identify facilitators and barriers to future SBIRT implementation	Barriers and facilitators to SBIRT implementation / Post-intervention survey	Thematic analysis (Braun & Clarke, 2006)

Results
Sample
Description

Baseline characteristics of the nurse participants (N = 40)

Characteristics	n (%)
Gender	
Male	7 (17.5)
Female	32 (80)
Other	1 (2.5)
Race	
White (non-Hispanic)	2 (5)
African American	5 (12.5)
Hispanic or Latino	9 (22.5)
Asian	22 (55)
Two or more races	2 (5)
Age – mean (±SD)	46.1 (±13.2)
Experience in years – mean (±SD)	17.7 (±12.8)
Licensure	
Licensed Practical / Vocational	1 (2.5)
Registered Nurse	34 (85)
Advanced Practice Registered Nurse	5 (12.5)
Prior SBIRT education	
None	18 (45)
2 hours or less	8 (20)
2-4 hours	7 (17.5)
4 or more hours	7 (17.5)

Note. Categorical data reported as number (%). Continuous data reported as means (\pm SD), SD = standard deviation, SBIRT = screening, brief intervention and referral to treatment

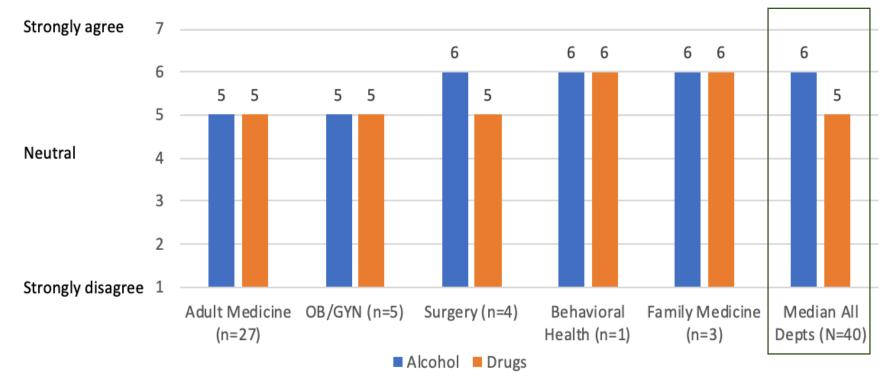


Error bars show 95% confidence intervals

Mean Pretest and Posttest SBIRT Knowledge Scores (N=40)

Confidence to Screen for Alcohol and Drug Use Likert Median Score by Department

Aim 2: Determine the need for future SBIRT education



Screening confidence statement for alcohol and drug use

Themes and Subthemes for the Facilitators and Barriers to SBIRT Implementation

Theme (Barriers and Facilitators)	Subtheme (Barriers)	Subtheme (Facilitators)
1.Time	Length of encounter	Increase length of
		encounter
		Improve workflow
2.Education	Lack of training	Different training topics
	Lack certification	Educational formats
		On-going training
		Certification
3.Resources	Space	Referral resources
	Referral resources	SUD specialists
	Access to SUD services	SUD guidelines
		Staffing
		Funding
4.Receptivity (Provider and	Stigma	Motivation
patient)	Patient and staff satisfaction	Patient and staff satisfaction
	Mental health problems Culture (language) Confidence	Organizational support
5.Interprofessional Collaboration	Communication	Communication
		Understanding of roles
		Team-based practice

Aim 3: Facilitators and barriers to SBIRT implementation

The knowledge test scores were consistent with a pilot study conducted at the same facility (Gonzalez & Finnell, 2019)

Discussion

- Findings that the nurses' lack of prior SBIRT knowledge is consistent with studies indicating that nurses are ill-prepared to address this problem
- Confidence scores to screen for alcohol and drugs were high after the intervention, but additional research is needed to determine how that translates to practice
- For each barrier to SBIRT implementation, a corresponding facilitator was identified that could overcome it

Conclusions

Project was feasible

There was an increase in SBIRT-related knowledge

Although most of the nurses had little prior SBIRT education, they had high confidence levels to screen for AOD use after the intervention

Five facilitators were identified to overcome corresponding barriers to SBIRT implementation

Ongoing Initiatives

Translation

Ongoing trainings on SBIRT

Expansion of trainings

 A new QI project can focus on evaluating the proportion of nurses conducting screening

Dissemination

 Findings were disseminated during nurses' week at the facility where the project was conducted

 A manuscript has been submitted to a peer-reviewed journal

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa
- Finnell DS, Albright G. Are Healthcare Professionals Ready to Address Substance use and Mental Health Disorders? 2019. https://go.kognito.com/rs/143-HCJ-270/images/Are-Healthcare-Professionals-Ready-to-Address-Substance-Use-Mental-Health.pdf. Accessed August 23, 2019.
- Finnell, D. S., & Seale, J. P. (2017). Screening, Brief Intervention, and Referral to Treament (SBIRT) for Healthcare Providers. Retrieved from learn.nursing.jhu.edu/SBIRT
- Gonzalez, Y., & Finnell, D. S. (2019). Advancing Substance Use Related Knowledge and Skills in an Integrated Primary Care Behavioral Health Facility: A Pilot Study. Poster presented at the American Academy of Colleges of Nurses Education Doctoral Conference, San Diego, CA.
- Gonzalez, Y., Kozachik, S., Hansen, B., Sanchez, M., & Finnell, D.S. (2019). Nurse-led delivery of brief interventions for atrisk alcohol use: An integrative review. *Journal of the American Psychiatric Nurses Association*. https://doi.org/10.1177/1078390319872536
- Graham, I. D., & Tetroe, J. (2007). Some Theoretical Underpinnings of Knowledge Translation. *Academic Emergency Medicine*, 14(11), 936-941. https://doi.org/10.1111/j.1553-2712.2007.tb02369.x
- Platt, L., Melendez-Torres, G. J., O'Donnell, A., Bradley, J., Newbury-Birch, D., Kaner, E., & Ashton, C. (2016). How effective are brief interventions in reducing alcohol consumption: Do the setting, practitioner group and content matter? Findings from a systematic review and metaregression analysis. *BMJ Open*, 6(8), e011473. https://doi.org/10.1136/bmjopen-2016-011473
- Savage, C., Dyehouse, J., & Marcus, M. (2014). Alcohol and Health Content in Nursing Baccalaureate Degree Curricula. Journal of Addictions Nursing, 25(1), 28-34. https://doi.org/10.1097/JAN.00000000000018
- Substance Abuse and Mental Health Administration. (2017). About Screening, Brief Intervention and Referral to Treatment (SBIRT) [Text]. Retrieved January 3, 2019, from https://www.samhsa.gov/sbirt/about
- Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Retrieved from Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration website: https://www.samhsa.gov/data/

Questions?

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